

# **Issue Briefs:**

## **Massachusetts**

### **Behavioral Health Analysis**

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## Veterans

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Over the last decade, the United States has seen a dramatic rise in the recognition and understanding of post-traumatic stress, other traumatic brain injury and military sexual trauma and other related issues for returning US veterans. The nature of the wars in Iraq and Afghanistan combined with increased awareness of the neurological impact of trauma have created a surge in demand for trauma informed mental health and substance abuse treatment for veterans and others who experience trauma.

Over the last ten years, the demand and use of VA funded services has grown dramatically: by 80% for outpatient and 25% for inpatient services<sup>1</sup>. In a 2007 study, “25% of 103,788 veterans from Iraq and Afghanistan received 1 or more distinct mental health diagnoses. The single most common mental health diagnosis was PTSD...representing 52% of those receiving mental health diagnoses and 13% of all (the) veterans in (the study)”<sup>2</sup>. In a similar, more recent study, 17% of Army and 12% of Marine service personnel reported a mental health problem according to a conservative definition, which involved a self-report of substantial functional impairment. Rates of PTSD using this strict definition were 12.2% - 12.9%.<sup>3</sup> These figures are more than twice as high as the general population. Substance use disorders are also a significant issue for people in the military. In the period 2004 to 2006, surveys found that an average of 7.1% of veterans aged 18 or older (an estimated 1.8 million persons) met the criteria for a substance use disorder in the past year.<sup>4</sup> Those who participated in active combat have a higher risk, as do those suffering from post-traumatic stress. A large national study of reserves and National Guardsmen deployed to Iraq or Afghanistan discovered rates of alcohol-related problems of 15.2% at baseline. Those who deployed and had exposure to combat had rates of new onset of such problems of 7.9%, significantly higher than the 4.8% rate of new onset among active duty personnel who were not deployed.<sup>5</sup>

Massachusetts Veterans generally have been reported to have good access to Medical Centers in Jamaica Plain, West Roxbury, Bedford, Brockton, and Leeds, as well as to the 15 outpatient clinic locations across the state. Massachusetts Veterans also have access to services provided by the Massachusetts Department of Veterans’ Services.

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<sup>1</sup> Department of Veterans Affairs, Veterans Health Administration, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning. (2000-2012). *Selected Veterans Health Administration Characteristics: FY2002 to FY2012*. Retrieved from <http://www1.va.gov/vetdata/Utilization.asp>.

<sup>2</sup> Seal, K. H., Bertenthal, D., Miner, C. R., Sen, S. & Marmar, C. (2007). Bringing the War Back Home: Mental Health Disorders Among 103 788 US Veterans Returning From Iraq and Afghanistan Seen at Department of Veterans Affairs Facilities. *Arch Intern Med*. 167(5):476-482.

<sup>3</sup> Hoge, C., et al. (2004). Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care. *N Engl J Med*, 351:13-22.

<sup>4</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (November 1, 2007). *The NSDUH Report: Serious Psychological Distress and Substance Use Disorder among Veterans*. Rockville, MD. Accessed from <http://www.samhsa.gov/data/2k7/veteransDual/veteransDual.htm> on July 10, 2014.

<sup>5</sup> Jacobson IG, Ryan MK, Hooper TI, et al. Alcohol Use and Alcohol-Related Problems Before and After Military Combat Deployment. *JAMA*. 2008;300(6):663-675. doi:10.1001/jama.300.6.663.

There are many examples of the valuable role that the state plays by helping to coordinate access to benefits for all people, including Veterans, with substance use disorders as well as mental health disorders. Several important examples follow.

The state funds advocacy and housing outreach for veterans through two programs: Statewide Advocacy for Veteran's Empowerment (SAVE) and Statewide Housing Advocacy Reintegration and Prevention (SHARP). The SAVE program is a collaboration between the Department of Public Health and the Department of Veterans' Services and has three office locations while operating with complete mobility for the Team members due to technology. The Outreach Coordinators seek to prevent suicide and reduce mental health distress by coordinating access to benefits and providing assistance with transition to civilian life. SHARP has thirteen peer specialists, a counselor, and a psychiatrist, as well as a 24/7 Warm Line and a housing specialist. SHARP Peer Specialists work collaboratively with SAVE and other agencies to connect Veterans to services. The Teams are now cross trained in housing assistance and suicide prevention.

Women Veterans are the fastest growing population of veterans in the Commonwealth. The Women Veterans' Network is a collaboration between the Massachusetts Department of Veterans' Services and other federal, state and non –profit agencies that works to inform women veterans' of their benefits as well as identify appropriate support services for the unique needs of women veterans.

Under Massachusetts General Law Chapter 115, each city and town has an appointed Veterans Services Officer (VSO) who helps to coordinate access to financial assistance benefits and other services, and assistance with accessing VA claims and other federal benefits. These include financial assistance to veterans and their dependents, access to housing services, employment services through the Boots to Business Career Mentoring program and the career centers as well as a full array of publicly supported mental health and substance abuse services.

The Department of Veterans' Services also has oversight of the two Soldiers' Homes in Massachusetts in Chelsea and Holyoke. Both of these homes provide domiciliary and transitional housing programs as well as long term care for veterans. The sites also serve as Veterans' services hubs with regular representation by SAVE, SHARP, Women Veterans' Network, Veterans' Services Officers, Veterans'; Organizations and Advocacy groups and legal services.

In addition to these services, The Department of Public Health's Bureau of Substance Abuse Services (BSAS) has a Coordinator of Veteran's Affairs dedicated to coordinating policy and access to substance abuse services for Veterans across different agencies, which has improved access to services for veterans across the Commonwealth. BSAS is also sponsoring workforce development activities that improve providers' understanding of military culture and its impact on substance use disorders.

The DMH Division of Forensic Services has been working with partner agencies, including state Veteran Services and the state medical school, to provide diversion activities focused on veterans based on a federal grant from SAMHSA. The grant funded the creation of a jail diversion and treatment model for male and female veterans of Operation Enduring Freedom/Operation Iraqi Freedom who are arrested for non-violent or low-level crime and who have PTSD or other trauma-related disorder and co-

occurring substance abuse. The program is currently in place in the Central and Western regions of the state. Veterans' Treatment Courts have now been established in Norfolk and Suffolk County with others in various stages of progress in Barnstable County and Middlesex County. The VALOR Act established guidelines to expand and study further treatment courts and the Trial Courts are looking at options to increase specialty courts to include additional Veterans' sessions.

The coordination of services is aided by data that is collected by Office of the Commissioner of Probation and the Commonwealth's Enterprise Service Management (ESM) Module. It will be important to use these data for further analysis of their needs for mental health and substance abuse services, housing and cash assistance, and how access to these and other services can be improved.